

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033380

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 190

FILED SEP 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

SIKESTON

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

209 COLLEGE

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SCOTT

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

SIKESTON

d. STREET  
ADDRESS

(If outside, give location)

209 COLLEGE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARRY GARWOOD SHARP SR.

4. DATE  
OF DEATH

Month

Day

Year

8-23-62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-29-1887

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

## 10b. KIND OF BUSINESS OR INDUSTRY

AUTO DEALER

## 11. BIRTHPLACE (City and state or country)

THE BEND IND.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

DAVID GARWOOD SHARP

## 13b. MOTHER'S MAIDEN NAME

HATTIE SLOUGH

## 14. NAME OF HUSBAND OR WIFE

MADGE MITCHELL SHARP

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 17. INFORMANT

1 H.G. Sharp Jr Sikeston Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Advanced Atherosclerosis

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH24 hrs -  
Several  
years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rheumatoid Arthritis - Duodenal Ulcer.

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-Apr-62 to 23-Aug-62 and last saw her alive on 23-Aug-62Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

H.G. Thompson M.D.

## 22b. ADDRESS

Sikeston, MO

## 22c. DATE SIGNED

24-Aug-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

8-25-62

## 23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

## 23d. LOCATION (City, town, or county)

SIKESTON

## (State)

MO

## 24. FUNERAL DIRECTOR

## ADDRESS

Welsh Funeral Home Sikeston Mo

## 25. DATE RECD. BY LOCAL REG.

Aug 27-1962

## 26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 6 1962

Permit renewed

August 23, 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond C. Cress

Licensed Embalmer No. 3467

P. O. Address Likeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.